

<i>SERFF Tracking Number:</i>	<i>AETN-126975957</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2011-00043</i>
<i>Company Tracking Number:</i>	<i>CA-2011-01-HIPAA</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>Individual Medical</i>		
<i>Project Name/Number:</i>	<i>CA 2011 HIPAA Rates/CA-2011-01-HIPAA</i>		

Filing at a Glance

Company: Aetna Life Insurance Company	SERFF Tr Num: AETN-126975957	State: California
Product Name: Individual Medical	SERFF Status: Assigned	State Tr Num: PF-2011-00043
TOI: H16I Individual Health - Major Medical	Co Tr Num: CA-2011-01-HIPAA	State Status:
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)		
Filing Type: Rate		Reviewer(s): Angela Jang, Bruce Hinze, Sai-on Sam, Ali Zaker-Shahrak, Wayne Thomas, Marina Zen
	Authors: Beatriz Girasulo, James Zheng, James Lescoe, Joshua Fox	Disposition Date:
	Date Submitted: 01/07/2011	Disposition Status:
Implementation Date Requested: On Approval		Implementation Date:

General Information

Project Name: CA 2011 HIPAA Rates	Status of Filing in Domicile: Not Filed
Project Number: CA-2011-01-HIPAA	Date Approved in Domicile:
Requested Filing Mode: Combination	Domicile Status Comments: Not required to be filed in CT.
Explanation for Combination/Other: Review and Acknowledge	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 01/07/2011
	State Status Changed:
Deemer Date:	Created By: James Lescoe
Submitted By: James Lescoe	Corresponding Filing Tracking Number: CA-2011-01-HIPAA
PPACA: Not PPACA-Related	
PPACA Notes: null	
Filing Description:	
We enclose, for your Department's filing, a rate filing for new and existing Guaranteed Issue Individual PPO policies.	

Plan designs for both existing and new members have been modified to comply with the requirements of the Affordable

<i>SERFF Tracking Number:</i>	<i>AETN-126975957</i>	<i>State:</i>	<i>California</i>
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<i>Company Tracking Number:</i>	<i>CA-2011-01-HIPAA</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>Individual Medical</i>		
<i>Project Name/Number:</i>	<i>CA 2011 HIPAA Rates/CA-2011-01-HIPAA</i>		

Care Act in the same manner as the corresponding individual voluntary plans have been modified.

The rates have been updated to reflect the Managed Risk Medical Insurance Program's HIPAA PPO Premium Rate Limits for 2011.

Supporting documentation for this filing includes the following:

- Document Submission Form
- Actuarial Memorandum
- Rate Tables for each of the benefit plans provided on a guaranteed issue basis under HIPAA

Company and Contact

Filing Contact Information

James Lescoe, Assistant Actuary	LescoeJ@aetna.com
151 Farmington Ave	860-273-0123 [Phone]
Hartford, CT 06156	

Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name:	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$0.00		

CALIFORNIA DEPARTMENT OF INSURANCE

Reset Form

FILING COVER SHEET for FORMS FILINGS with the POLICY APPROVAL BUREAU

(Suggested for use as the cover letter required by Title 10, California Code of Regulations §2205.)

TO: State of California Department of Insurance Policy Approval Bureau 45 Fremont Street San Francisco, CA 94105	FROM: (Official Insurer Name): AETNA LIFE INSURANCE COMPANY
	Submitter and Complete Mailing Address: James T. Lescoe, 151 Farmington Ave - RW2A, Hartford, CT 06156
	Submission Date: 1/7/11

1. IDENTIFYING FORM NUMBER(S):

GR-11741

[The form number(s) of one or more of the documents submitted by which the filing can be identified. §2205(a)]

2. DOCUMENT CLASS [The subdivision of 10 CCR §2202(a) which best describes the forms submitted. (§2205(b))]

Generic Description and Definition Citation	<u>Check Below</u>		Generic Description and Definition Citation	<u>Check Below</u>
Health Insurance [Hospital, medical, surgical insurance, expense-incurred or indemnity. §2202(a)(1)]	<input checked="" type="checkbox"/>		Credit Life and Disability [§2202(a)(6)]	
Group and Blanket Life and Non-health Disability [§2202(a)(2)]			Supplemental Life Benefits [§2202(a)(7)]	
Individual Disability, Non-health [§2202(a)(3)]			Variable Life and Annuities [§2202(a)(8)]	
Medicare Supplement [§2202(a)(4)]			Fraternalism [Non-health Disability. §2202(a)(9)]	
Long-Term Care [§2202(a)(5)]			Unclassified [§2202(a)(11)]	

* Describe briefly (documents other than those described above may have to be filed with other Department Bureaus; see §2206):

3. GROUP AND/OR INDIVIDUAL [Are the forms group, individual or used in both contexts? §2205(b)]

Group Only:		Individual Only:	<input checked="" type="checkbox"/>	Group and Individual:	
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4. EMPLOYER SIZE (Employer Health Insurance Only) [Where the forms submitted provide health coverage through employment, the minimum and the maximum sizes of the employers in terms of number of employees §2205(c)]

2 to 50 Employees:		Over 50 Employees:		All Employers:	
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5. REPLACES PREVIOUSLY-APPROVED DOCUMENT(S)? [Do any documents replace previously-approved documents. §2205(d)]

6. FINAL PRINT FORM? [List those documents NOT in the final printed form in which they will be issued to insureds §2205(e)]

<u>Document(s)</u>	<u>Document(s)</u>

7. TYPE OF DOCUMENT WITH WHICH IT WILL BE USED [For each document (such as a rider) which is designed to be used with another document not included in the filing, a statement of the document class with which it is to be used. §2205(f)]

<u>Document Form Number</u>	<u>Document Class (from Item 2, above)</u>

8. Master Policy Form Number and Approval Date: _____

[Where a certificate is submitted for use with a previously approved "group" document, the form number and the filing or approval date of the previously approved group document. §2205(g)]

9. IF ABOVE INFORMATION CANNOT BE FURNISHED, EXPLAIN WHY. [If the submitter is unable to furnish the information requested above, explain why. §2205(h)]

10. REMARKS AND ADDITIONAL INFORMATION (Attach additional sheets if necessary):

SUBMITTER'S SIGNATURE AND TITLE: James W. Lecoe Actuary I



Aetna Life Insurance Company
151 Farmington Avenue, RW2A
Hartford, CT 06156

James T. Lescoe, FSA, MAAA
Individual Actuarial
860-273-0251 (phone)
860-902-8517 (fax)
Lescoe.J@aetna.com

January 7, 2011

California Department of Insurance
Policy Approval Bureau
45 Fremont St., 24th floor
San Francisco, CA 94105

Subject: Aetna Life Insurance Company, NAIC No. 00160054
Form GR-11741, et al. HIPAA Conversion Rates
Aetna Tracking Number: CA-2011-01-HIPAA

Dear Sir/Madam:

We enclose, for your Department's filing, a rate filing for new and existing Guaranteed Issue Individual PPO policies.

Plan designs for both existing and new members have been modified to comply with the requirements of the Affordable Care Act in the same manner as the corresponding individual voluntary plans have been modified.

The rates have been updated to reflect the Managed Risk Medical Insurance Program's HIPAA PPO Premium Rate Limits for 2011.

Supporting documentation for this filing includes the following:

- Document Submission Form
- Actuarial Memorandum
- Rate Tables for each of the benefit plans provided on a guaranteed issue basis under HIPAA

We trust that you will find everything in order. If you have any questions regarding this filing, please do not hesitate to contact me at the address or telephone number shown above.

Very truly yours,

A handwritten signature in black ink that reads "James T. Lescoe". The signature is written in a cursive, flowing style.

James T. Lescoe, FSA, MAAA
Actuary I

AETNA LIFE INSURANCE COMPANY
Actuarial Memorandum
Aetna Tracking CA-2011-01-HIPAA
Form GR-11741, et al.
(Comprehensive Medical Expense PPO Policy – HIPAA Rates)

Purpose, Scope and Effective Date

The purpose of this filing is to file premium rates for Individual Advantage Medical benefit plan designs provided on a guaranteed issue basis.

Plan designs for both existing and new members have been modified to comply with the requirements of the Affordable Care Act (ACA) in the same manner as the corresponding individual voluntary plans have been modified.

The rates have been updated to reflect the Managed Risk Medical Insurance Program's HIPAA PPO Premium Rate Limits for 2011.

Demographic and Area Factors

HIPAA rates reflect the demographic and area variability in the maximum rates provided by MRMIP. Area definitions for these guaranteed issue plans are the same as those used by MRMIP.

Resulting Rates

The proposed rates are included in the attached exhibits. They vary by age and geographic location and equal the maximum rates provided by MRMIP except for the Value 2500 plan for which all rates are 5% lower than those charged for the richer plans.

Historical Experience

Year	Member Months	Premium	Claims	Loss Ratio
2006	1,024	504,778	477,661	94.6%
2007	3,950	1,987,284	3,949,470	198.7%
2008	9,472	4,950,452	8,626,737	174.3%
2009	17,911	10,102,039	15,181,540	150.3%
2010 (through September)	17,986	10,297,641	15,570,429	151.2%
Total	50,343	27,842,193	43,805,836	157.3%

Historical experience for HIPAA members is summarized above. We anticipate the future loss ratio for this business to be similar to recent experience.

Applicability

This filing is intended for new and existing business provided on a guaranteed issue basis.

CALIFORNIA DOCUMENT SUBMISSION FORMSET

California Insurer Number: (NOT NAIC Number)		FOR DEPARTMENT USE ONLY		
Official Insurer Name:		Our File #	Fee Code:	
Submitter and Complete Mailing Address:		Reviewer:		
Submission Date:		Dept Action Date:		
Document Form Number	Doc Type ("Policy," etc)	Document Coverage	Department Action	Fee
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INSTRUCTIONS: Complete the part of the form to the left of the double vertical line. Enter one document to a numbered line. Use additional formsets if necessary. Be accurate - the copy of this form that we return to you will be your only record of our action on your submission. THIS IS NOT A BILL - DO NOT PAY. YOU WILL RECEIVE A SEPARATE FILING FEE INVOICE SHORTLY; REMIT FEES ONLY WITH THAT INVOICE.			Total \$ Cont'd on ___ pages	

DSF 1.35